



Existing Data to Depict Strengths & Opportunities to Improve the Continuum of Care

Continuum of Care is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. The Continuum of Care covers the delivery of healthcare over a period of time, and may refer to care provided from birth to end of life. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, the model includes the following components: Promotion, Prevention, Treatment and Recovery.

In this session, panelists **Sheri Dawson**, R.N. Director, Division of Behavioral Health Nebraska Department of Health and Human Services; **Linda Wittmuss**, Deputy Director, Systems Integration, Nebraska Department of Health and Human Services; and **Timothy Santoni**, Administrator, Data Management, University of Maryland School of Medicine Department of Psychiatry, discussed the different ways health departments are leveraging existing data to depict strengths and opportunities to improve the continuum of care as it relates to behavioral and mental health.

For the Nebraska's Division of Behavioral Health, both hospital and community-based services needed to be more accountable for the data collected. In the beginning, the Division did not warehouse their own data and wasn't able to provide data at the request of the governor or state senator. Now, they can mine their own data and have multiple interfaces with which to engage, including the The Nebraska Prevention Information Reporting System (NPIRS), which is a web-based Minimum Data System (MDS) designed to collect and report prevention activity in the state of Nebraska. Metrics, prioritized by the governor and the Department of Health and Human Services, drive the system and its evaluation. Access has benefited from cross-system integration and more real-time data that can deliver relevant information back to both the provider and end user.

Maryland's Outpatient Measurement Service has identified a significant increase in overdose deaths due to their ability to link service data with death records. Of those deaths, a majority had treatment, mostly public outpatient services, within two years of death; and nearly half received mental health services within one month of death. Serving individuals with complex care needs and high costs in a changing healthcare environment continues to be a challenge.

The panelists reinforced the need to understand how to regulate managed care, what to measure and how to improve data stores to provide more relevant and timely information.

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